

# Building Utilization Request



# Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

## Part I - To be completed by organization requesting building utilization

Date(s) <b>2/23/2024</b>		Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) <b>1</b>		<b>8:00am</b>	<b>2:00pm</b>	<b>January 29, 2024</b>																					
Event Time(s) <b>8:30-2pm</b>				Room(s) / Area Requested: <b>Community Room</b>																					
Name of Organization and Event Being Held <b>NHA testing and OTC LAMPS meeting</b>		Number of Persons Attending Meeting <b>8</b>																							
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																							
Contact Person: <b>Don Paulin</b>		Business Name: _____																							
Phone Numbers: Home: _____		Contact Person: _____																							
Work: _____ Cell: _____		Phone Number: _____																							
PCTC Requested Services: (Identify No. Needed)		Address: _____																							
<table border="0"> <tr> <td>Room Setup</td> <td><u>Electronic</u></td> <td><input type="checkbox"/> Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td>Microphone</td> <td><input checked="" type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td>Ovrhd. Proj.</td> <td>Drinks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td>Snacks</td> </tr> <tr> <td>Lectern</td> <td>Video Recorder</td> <td>Breakfast</td> </tr> <tr> <td>Coat Racks</td> <td>Internet Access</td> <td>Luncheon</td> </tr> <tr> <td></td> <td></td> <td>Dinner</td> </tr> </table>		Room Setup	<u>Electronic</u>	<input type="checkbox"/> Café OR	<input checked="" type="checkbox"/> Chairs	Microphone	<input checked="" type="checkbox"/> Culinary Arts	<input checked="" type="checkbox"/> Tables	Ovrhd. Proj.	Drinks	Chalkboard	Video Camera	Snacks	Lectern	Video Recorder	Breakfast	Coat Racks	Internet Access	Luncheon			Dinner	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
Room Setup	<u>Electronic</u>	<input type="checkbox"/> Café OR																							
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For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																							

## Part II - To be completed by PCTC Personnel

**Responsibility Notice**

Estimate Calculation of Fees: Attach any pertinent papers.

Rental ..... \_\_\_\_\_

Custodial Services ..... \_\_\_\_\_

Food Services ..... \_\_\_\_\_

Other ..... \_\_\_\_\_

**Total Fee Estimate** \_\_\_\_\_

**Note:** Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:  
**Pioneer CTC**

It is understood that our organization assumes full responsibility for any damage to the building and equipment.

A Security Deposit in the amount of \$ \_\_\_\_\_ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

**Any and all information on this form may be shared with the public through our publicly accessed calendar.**

Action Taken	Date	By
Approved and Booked	1/30/24	kk
Billed for Services		
Referred to Board		

Signature (person in charge of activity)  
*Don Paulin*

Date: 1/29/24

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.

**Thank you for selecting Pioneer for your event!**

Revised 07/15